

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FOLLOWING ADMINISTRATION

Kansas (02-12)
Approved: 10/09/02
Effective: 07/01/02

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: SPA #02-12	2. STATE: Kansas
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.15	7. FEDERAL BUDGET IMPACT a. FFY 2002 \$ (250,000) b. FFY 2003 \$(1,000,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Pages #7 - #7.d.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Pages #7.a. - #7.d.	
10. SUBJECT OF AMENDMENT: Home Health Services		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Janet Schalansky is the Governor's Designee		
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Janet Schalansky</i>	16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky		
14. TITLE: Secretary		
15. DATE SUBMITTED: 05/02/02		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 05/03/02	18. DATE APPROVED: OCT 09 2002	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/02	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Mark R. Byler</i>	
21. TYPED NAME: Thomas W. Lenz	22. TITLE: ARA for Medicaid & State Operations	
23. REMARKS: SPA CONTROL Date Submitted: 05/02/02 Date Received: 05/03/02		

KANSAS MEDICAID STATE PLAN

**Attachment 3.1-A
#7**

Scope of Home Health Services

1. Covered home health services include:
 - (a) Skilled nursing services within the limitations of Attachment 3.1-A, #7.a.;
 - (b) Restorative and rehabilitative physical therapy within the limitations of Attachment 3.1-A, #7.d. and 3.1-A, #4.b.;
 - (c) Restorative and rehabilitative occupational therapy within the limitations of Attachment 3.1-A, #7.d. and 3.1-A, #4.b.;
 - (d) Restorative and rehabilitative speech therapy within the limitations of Attachment 3.1-A, #7.d. and 3.1-A, #4.b.;
 - (e) Durable medical equipment and supplies within the limitations of Attachment 3.1-A, #7.c. pages 1 and 2 and 3.1-A, #4.b.;
 - (f) Home health aide services within the limitations of Attachment 3.1-A, #7.b. and 3.1-A, #4.b.;
 - (g) Restorative aide services within the limitations of Attachment 3.1-A, #7.d. and 3.1-A, #4.b.;
 - (h) Immunizations;
 - (i) Respiratory therapy for Kan Be Healthy program participants within the limitations of Attachment 3.1-A, #4.b.;
 - (j) Kan Be Healthy (EPSDT) medical screening by a certified registered nurse or ARNP within the limitations of Attachment 3.1-A, #4.b.
2. Home Health services provided to home and community based service waiver recipients must be prior authorized.

Substitute per letter dated 10/3/02 *

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#7.a.

Home Health Nursing Limitations

1. Medically necessary skilled nursing services provided by the registered nurse or licensed practical nurse are included. Skilled nursing services are those services requiring substantial and specialized nursing skill.
2. DME services provided for parenteral administration of total nutritional replacements and intravenous medications in the recipient's home require the participation of nursing services from a local home health agency. In areas not served by a home health agency, the services of a local health department or advanced registered nurse practitioner are required.

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Substitute per letter dated 09/20/02

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Attachment 3.1-A
#7.b.

Home Health Aide Services Provided by a Home Health Agency - Limitations

Home health aide services are limited to one visit per day per recipient.

Home health aide services are noncovered on the same date of service as restorative aide services for the same recipient.

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KANSAS MEDICAID STATE PLAN

Replacement Page
Attachment 3.1-A
#7.c., Page 1

Home Health Services Durable Medical Equipment, Oxygen, Medical Supplies and Nutritional Replacements and Intravenous Medications - Limitations

Durable Medical Equipment (DME)

The equipment must be reasonable, necessary and the most economical for the treatment of the patient's illness or injury and be appropriately prescribed by a qualified physician. The equipment must be appropriate for use in the patient's residence. Medical necessity or prior authorization documentation is required for the majority of covered DME items. Provision of DME shall be limited to:

1. Consumers requiring DME for life support;
2. Consumers requiring DME for employment;
3. Consumers who would require higher cost care if the DME were not provided;
4. Consumers residing in nursing facilities who require prior authorized special use equipment.

See Attachment 3.1-A, #4.b., page 8, for DME service limitations for Kan Be Healthy program participants.

Certain DME specified by Health Care Policy/Medical Policy shall be the property of SRS. Used equipment with a warranty specified by Health Care Policy/Medical Policy is used when available. Repair of purchased DME items shall be limited to 75% of the actual purchase price and shall be paid to a supplier.

The least expensive and most appropriate method shall be used for delivery of the equipment. Delivery in excess of 100 miles roundtrip must be prior authorized.

Educational, environmental control and convenience items are noncovered services.

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**Attachment 3.1-A
#7.c., Page 2**

Home Health Services Durable Medical Equipment, Oxygen, Medical Supplies and Nutritional Replacements and Intravenous Medications - Limitations

Oxygen

Oxygen and oxygen delivery equipment are limited and some require medical necessity documentation.

Medical Supplies

1. Medical necessity or prior authorization documentation is required for provision of certain medical supplies.
2. Medical supplies must be necessary and reasonable for treatment of the patient's illness or injury.
3. Medical supplies are to be used in the patient's residence.
4. Medical supplies provided as a home health service must be necessary for providing the home health service.

Nutritional Replacements and Intravenous Medications

DME services provided for parenteral administration of total nutritional replacements and intravenous medications in the recipient's home require the participation of nursing services from a local home health agency. In areas not served by a home health agency, the services of a local health department or advanced registered nurse practitioner are required.

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KANSAS MEDICAID STATE PLAN

**Attachment 3.1-A
#7.d.**

Limitations of Physical Therapy, Occupational Therapy, Speech Language Pathology and Restorative Aide Services Provided by a Home Health Agency

Physical, occupational and speech therapy services must be rehabilitative and restorative in nature, provided following physical debilitation due to acute physical trauma or physical illness and must be prescribed by the attending physician. These therapy services are limited to six months from the first date of service.

Restorative aide services are limited to those provided under the direction of a registered physical therapist. Restorative aide services must be rehabilitative and restorative in nature, and provided following physical debilitation due to acute physical trauma or physical illness. Restorative aide services are limited to six months' duration. Restorative aide services are noncovered on the same date of service as home health aide services for the same recipient.

The above limitations do not apply to Kan Be Healthy Program Participants. Limitations of physical therapy, occupational therapy, speech language pathology and restorative aide services for Kan Be Healthy program recipients are located in the Kan Be Healthy portion of the State Plan.

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